

NIH POLICY MANUAL**2300-595-1 - NIH PHYSICIANS' COMPARABILITY ALLOWANCE PLAN****Issuing Office: OHRM 496-2404****Release Date: 11/17/99**

1. Policy:

It is the policy of the National Institutes of Health (NIH) to authorize Physicians Comparability Allowance (PCA) in order to attract and retain physicians to work at the NIH. PCA helps to alleviate recruitment and retention problems that result from pay disparities with the private sector. The following information is to be used in conjunction with HHS Instruction 595-1 for the purpose of approving PCA payments for eligible physicians. The HHS Instruction is available through the Department's Web site at:

<http://www.hhs.gov/progorg/ohr/manual/log.html>

The following categories of NIH positions have documented recruitment and retention problems. Physicians assigned to these positions **must** be offered an opportunity to elect PCA :

(1). Category II-A, Research Classified positions meeting the following description are designated under Certificate # HN-2, dated 9/5/79, to include all NIH physicians at grades GS/GM 13 through 15 who perform the following types of research:

(a) Medical research requiring the supervision or conduct of experimental work in the causes, prevention, control or treatment of diseases, or other factors that influence health and disease; or limitations imposed by conditions other than disease including environmental factors. Such research includes clinical application as well as basic research required prior to such clinical applications.

(b) All physician positions which primarily involve the performance of extramural and collaborative research. Extramural and collaborative research involves the planning of clinical and biomedical research programs to be conducted by employees of grantee or contract organizations. The physician represents the Government's interest by monitoring and evaluating the progress of research, and identifying problems or deviations from agreed upon scientific protocols and assuring adequate and appropriate performance. The physician also performs scientific and medical review of grant and contract proposals to determine the most promising and deserving of monetary support.

(2). Category IV-B, Administration of Health and Medical Programs
Positions meeting this description are designated under Certificate # HN-1, dated 9/5/79, to include all physicians in the Senior Executive Service or Senior Scientific Service responsible for administering and directing NIH's intramural and extramural research programs.

Other Eligible Positions. Coverage for other eligible positions (e.g. clinical care positions, special expert assignments, etc.) may be requested on a case-by-case basis in rare and unusual situations based on the factors identified in HHS Instruction 595-1-40A. (http://www.hhs.gov/progorg/ohr/manual/99_4.pdf). Requests for coverage should be submitted to the Director, Office of Human Resource Management (OHRM) through the Human Resource Program Support Division (HRPSD).

Interdisciplinary Positions Certain complex positions may draw on the expertise of candidates from a broad spectrum of disciplines and are often announced as interdisciplinary. The final classification of such positions is determined following the candidate selection. In such cases, only positions declared by the authorized IC management official to require the services of a fully qualified physician, and that are classified in the 602 series of occupations may be authorized for PCA coverage.

2. Payable Amounts:

The following additional information is provided to assist in the day-to-day administration of individual PCA approval activities throughout the NIH.

Fixed vs. Discretionary PCA Payment Amounts

PCA fixed payment amounts have established values that may not be altered during negotiations. These are:

- a) \$3,000 "Board Certification," payable when board certification is required as a selective factor in filling the position; and,
- b) \$2,000 or \$4,000 (depending on the grade level), "Two-Year Retention Factor," when the physician signs a two-year service agreement.

Discretionary PCA Payments include:

- a) The categorical variable, ranging from \$0 to \$16,000, based on determinations as to the minimum allowance needed to attract and retain individual physicians;

and/or

- b) The mission-specific variable, ranging from \$0 to \$10,000, based on determinations as to the minimum

allowance needed to recruit and retain GS-13 through SES physicians needed to achieve the NIH mission goals in accordance with the HHS mission-specific factor and either the NIH PCA Mission-Specific length of service or unusual circumstances exception criteria.

Mission-Specific@Allowance Criteria

Effective October 1, 1999, mission-specific factors may be used to provide up to \$10,000 additional allowance as authorized by Public Law 105-266 (Federal Employees Health Care Protection Act of 1998). These criteria are structured to alleviate severe retention problems and to enable the NIH to target additional payments under the Act to address the most critical program needs.

Mission-specific allowances are used to retain expertise in areas such as scientific research, science administration, or public health administration.

Illustrative examples may include the prevention and alleviation of illness, disease, and the most intractable threats to the nation's health; and assuring the health care security and improving health outcomes for the nation's beneficiaries. NIH Institutes and Centers (ICs) may target funds to positions determined to be most essential or urgent to these needs.

The NIH Mission - NIH is the steward of biomedical and behavioral research for the Nation. Its mission is science in pursuit of fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to extend healthy life and reduce the burdens of illness and disability. The goals of the agency and the mission-specific criteria linked to NIH's mission are as follows:

- 1) foster fundamental creative discoveries, innovative research strategies, and their applications as a basis to advance significantly the Nation's capacity to protect and improve health;
- 2) develop, maintain, and renew scientific human and physical resources that will assure the Nation's capability to prevent disease;
- 3) expand the knowledge base in biomedical and associated sciences in order to enhance the Nation's economic well-being and ensure a continued high return on the public investment in research;
- 4) exemplify and promote the highest level of scientific integrity, public accountability, and social responsibility in the conduct of science.

In realizing these goals, the NIH provides leadership and direction to programs designed to improve the health of the Nation by conducting and supporting research: in the causes, diagnosis, prevention, and cure of human diseases; in the processes of human growth and development; in the biological effects of environmental contaminants; in the understanding of mental, addictive and physical disorders; in directing programs for the collection, dissemination, and exchange of information in medicine and health, including the development and support of medical libraries and training of medical librarians and other health information specialists.

Duration: To be eligible for a mission-specific allowance, a physician must sign a two-year or more service agreement.

A. Length of service allowance (*Allowance is payable based on grade and length of service as a federal government physician using the following matrix*).

Grade	2-5 Years	5-8 Years	More than 8 years
13	Up to \$1,000	Up to \$3,000	Up to \$ 5,000
14	Up to \$2,000	Up to \$5,000	Up to \$ 8,000
15/SES/ST	Up to \$4,000	Up to \$7,000	Up to \$10,000

The documentation of this criteria must identify how the work of the position directly contributes to the NIH mission in one of the following manners:

- a legislative mandate
- work directly applicable to a mission specific goal
- work of a highly visible or controversial approach to public health initiatives

Note: These are maximum amounts payable for the grade and service shown. They are not mandatory. ICs may authorize lesser amounts within the stated ranges. The number of physicians authorized to receive the mission-specific length of service allowance is not restricted.

Or,

B. Mission-specific unusual circumstances exception . (*No minimum length of service applies.*)

In unusual circumstances, physicians may be authorized mission-specific allowances higher than those shown in the above matrix, up to a maximum of \$10,000 to acknowledge special circumstances. These exceptions must be approved by an IC Director on a case by case

basis. The total number of such exceptions shall not exceed 15% of an IC's physicians receiving PCA. In calculating percentages of physicians receiving PCA, the IC must round down any fractional parts to the lower whole number. Reasons for the approval must be fully documented, and must show how retention will be hampered if not approved.

A physician may not receive a mission-specific unusual circumstances exception concurrently with a mission-specific length of service allowance. Rather, where warranted, the mission-specific unusual circumstances exception should be approved and the PCA agreement renegotiated to authorize the higher allowance. Up to \$5,000 may be authorized under this exception for a physician who meets one of the following criteria; up to \$10,000 may be authorized for a physician who meets more than one:

- Physicians whose work has materially and measurably improved the health outcomes of the target population .
- Physicians whose work has substantially improved policy development or made a significant scientific or regulatory advancement.
- Physicians that have achieved substantial, documented efficiencies in the design or implementation of projects to maximize health care quality and better serve beneficiary needs.
- Physicians who have demonstrated two or more consecutive years of exemplary performance (outstanding ratings or equivalent evidence) in support of the NIH mission specific criteria listed in item A.

3. Documentation Requirements:

PCA allowances and service agreements may be authorized and approved on [Form PHS-6106](#), Physicians Comparability Allowance Agreement. Decisions to provide mission-specific allowances should be documented and attached to the approved PCA agreements (PHS-6106).

4. Statutory and Regulatory Requirements:

The combination of fixed and discretionary amounts may result in different total PCA payment amounts for individual physicians. In keeping with the intent of the statute, managers are reminded to authorize only the minimum amount necessary to recruit and retain qualified

physicians. The maximum PCA amounts established in the HHS Plan are just that--maximums, that should not automatically be approved for payment.

In no case may the total PCA exceed the statutory maximum of \$30,000 for physicians with at least 24 months of service or \$14,000 for physicians with less than 24 months of service. Physicians who are participants in student loan repayment programs must have the payment of authorized PCA reduced during periods of concurrent service obligations.

PCA amounts that when combined with base pay and other discretionary pay would result in payment in excess of the aggregate annual calendar year limit are to be reduced and deferred for lump-sum payment at the beginning of the next calendar year.

5. References:

- HHS Instruction 595-1 dated October 1999
- Code of Federal Regulations (5CFR), Part 595
- Title 5 United States Code (USC), Section 5948
- NIH Personnel Delegations of Authority

6. Management Controls:

The purpose of this manual issuance is to provide policy and guidance regarding the authorized payment of PCA to eligible NIH physicians, and to ensure that payments are made in full accordance with all statutory, regulatory, and policy requirements.

The Office responsible for reviewing management controls relative to this Chapter is the Office of Human Resource Management (OHRM), Office of the Director, NIH. Through this issuance, the OHRM is accountable for the method used to ensure that management controls are implemented and working.

Frequency of Review: The OHRM will periodically review the manner in which PCA payments are being made.

Method of Review: OHRM will periodically call upon the ICs to evaluate their PCA programs. ICs should obtain feedback on the use and effectiveness of authorizing PCA payments as a means of aiding in the recruitment and retention of highly qualified physicians and report back to OHRM. OHRM will consolidate IC review reports for dissemination to executive management, the Department of HHS and the Office of Management and Budget as appropriate.

Review reports are sent to the Deputy Director for Management, NIH.

7. Records Retention and Disposal:

All records (e-mail and non-e-mail) pertaining to this chapter must be retained and disposed of under the authority of [NIH Manual 1743](#), "Keeping and Destroying Records, Appendix 1, NIH Records Control Schedule" Item 1100-M-1.

NIH e-mail messages (messages, including attachments that are created on NIH computer systems or transmitted over NIH networks) that are evidence of the activities of the agency or have informational value are considered Federal records. These records must be maintained in accordance with current NIH Records Management guidelines. If necessary, back up file capability should be created for this purpose. Contact your IC Records Officer for additional information.

All e-mail messages are considered Government property, and, if requested for a legitimate Government purpose, must be provided to the requester. Employees' supervisors, NIH staff conducting official reviews or investigations, and the Office of the Inspector General may request access to or copies of the e-mail messages. E-mail messages must also be provided to Congressional oversight committees if requested and are subject to Freedom of Information Act requests. Since most e-mail systems have back-up files that are retained for significant periods of time, e-mail messages and attachments are likely to be retrievable from a back-up file after they have been deleted from an individual's computer. The back-up files are subject to the same requests as the original messages.

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